

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2005-09

ANNUAL REVISIONS - SCHOOL DISTRICTS

SEPTEMBER 30, 2005

Government Code Section (GC §) 17561 provides for the reimbursement of state mandated costs. Enclosed is information for updating the Mandated Cost Manual for Schools. The manual contains all forms and instructions that are necessary for school districts to file 2005-06 fiscal year annual claims with the State Controller's Office (SCO).

Estimated claims for costs to be incurred during the 2005-06 fiscal year and reimbursement claims detailing the costs actually incurred in the 2004-05 fiscal year must be filed with the SCO. **Claims must be delivered or postmarked on or before January 17, 2006.** If the reimbursement claim is filed after the deadline, but by January 15, 2007, the approved claim will be reduced by a late penalty of 10% for initially filed claims and for continuing programs, the late fee is 10% not to exceed \$1,000. In order for a claim to be considered properly filed, the claim must include supporting documentation as specified in the instructions to substantiate the costs claimed. In addition, the claimant must explain the functions performed by each employee for whom costs were claimed. Claims will not be accepted if filed more than one year after the deadline or without supporting documentation.

Amounts appropriated for payment of program costs are shown beginning on page 5 under "Appropriations for the State Mandated Cost Programs for the 2005-06 Fiscal Year." The fiscal years for which costs can be claimed for a mandated cost program are shown beginning on page 7 under "Reimbursable State Mandated Costs Programs." To prepare 2005-06 estimated claims and 2004-05 reimbursement claims, forms in the manual should be duplicated to meet the district's filing requirements. Claim amounts should be rounded to the nearest dollar.

Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)** Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
Other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

MINIMUM CLAIM COST

GC § 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (\$1,000), provided that a county superintendent of schools may submit a combined claim on behalf of school districts within their county if the combined claim exceeds \$1,000, even if the individual school district's claim does not each exceed \$1,000. The county superintendent of schools shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each school district. Combined claims may be filed only when the county superintendent of schools is the fiscal agent for the school districts. A combined claim must show the individual claim costs for each eligible school district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a school district provides a written notice of its intent to file a separate claim to the county superintendent of schools and to the SCO at least 180 days prior to the deadline for filing the claim.

ESTIMATED CLAIMS

Unless otherwise specified in the claiming instructions, claimants do not have to provide cost schedules and supporting documents with the estimated claim if the estimated amount does not exceed the prior fiscal year's actual costs by more than 10%. The claimant can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the prior fiscal year's actual costs by more than 10%, the claimant must complete claim forms as specified in the claiming instructions for the program and explain the reason for the increased costs. If the explanation to support the higher estimate is not provided, the claim will automatically be adjusted to 110% of the prior fiscal year's actual costs.

PROGRAM UPDATES FOR 2004-05 FISCAL YEAR

Ch. 486/75, Mandate Reimbursement Process

Ch. 486/75, Mandate Reimbursement Process, provides reimbursement for the cost of: (1) preparing and presenting successful test claims, and (2) preparing and submitting successful reimbursement claims to the SCO. With respect to preparing and submitting claims to the SCO, the 2004 State Budget Act (Chapter 208, Statutes of 2004) imposed in the 2004-05 fiscal year the same limitations as those imposed in the prior fiscal year. Claiming instructions and forms for Chapter 486/75, Mandate Reimbursement Process, were issued separately and are not included in this revision. Limitations on reimbursement for independent contractor costs are as follows:

“If a school district contracts with an independent contractor for the preparation and submission of reimbursement claims, the costs reimbursable by the state for that purpose shall not exceed the lesser of (1) 10 percent of the amount of the claims prepared and submitted by the independent contractor, or (2) the actual costs that would necessarily have been incurred for that purpose if performed by employees of the school district.

The maximum amount of reimbursement provided (in the above provision) may be exceeded only if the school district establishes, by appropriate documentation, that the preparation and submission of these claims could not have been accomplished without incurring the additional costs claimed by the school district”.

Updates of Rates and Factors

The following rates are to be used for filing 2004-05 reimbursement claims. These rates are computed by adjusting the 2003-04 rates by changes in the Implicit Price Deflator (IPD) as determined by the State Department of Finance's Report of April 2005, National Deflators, State and Local Purchases. The estimated change in the IPD for 2004-05 is 4.5%. For preparing the 2005-06 estimated claims, districts may use the program's 2004-05 rate or increase the 2004-05 rate by the estimated 2005-06 IPD change of 3.5% to determine 2005-06 estimated claim amounts. In the subsequent fiscal year, the estimated amount must be adjusted to actual cost.

- *Ch. 448/75, Annual Parent Notification III (Program No. 221)*

The 2004-05 unit rate is \$0.0697 per page of printed notification material distributed to parents and guardians, and \$0.2772 per notice.

- *Ch. 961/75, Collective Bargaining (Program No. 11)*

The 2004-05 GNP Deflator factor for adjusting the 1974-75 Winton Act cost is 3.564.

- *Ch. 498/83, Graduation Requirements (Program No. 26)*

The 2004-05 maximum reimbursement hourly rate for contract services is \$122.06. Staffing cost reimbursement is limited to salary and other remuneration differentials, if any, of a science teacher, and the cost of lab assistants or special training aids required by a science class. The addition of science classes should have resulted in offsetting savings due to a corresponding reduction of non-science classes.

- *Ch. 1177/76, Immunization Records (Program No. 32)*

The 2004-05 unit rate is \$5.65 per new entrant (K-12). A new entrant does not include a student previously enrolled in a school within the State of California.

Payment of the cost of immunization records for 1992-93 and subsequent fiscal years are made pursuant to the State Mandates Apportionment System (SMAS) to those school districts with an established base year entitlement. An entitlement amount is determined by the SCO by averaging the district's actual costs (from reimbursement claims filed) for 1989-90, 1990-91, and 1991-92, or any three consecutive fiscal years thereafter, adjusted by changes in the IPD. The amount of apportionment the district receives for 1992-93 and subsequent fiscal years is the base year entitlement amount adjusted by annual changes in IPD and workload. "Workload" means change in the district's average daily attendance from the previous fiscal year.

Once the district has filed actual costs for 1989-90 through 1991-92, or any three consecutive fiscal years thereafter, no further filing of claims is necessary. The claimant will automatically receive an annual payment by November 30 of each fiscal year. A district without an established entitlement amount must continue to file reimbursement claims until three consecutive fiscal years of costs are available to compute a base year cost.

- *Ch. 325/78, Immunization Records: Hepatitis B (Program No. 230)*

The 2004-05 unit rate is \$7.08 per new entrant (K-12). A new entrant does not include a student previously enrolled in a school within the State of California. And \$3.71 per student in the seventh grade.

- *Ch. 1423/84, Juvenile Court Notices II (Program No. 155)*

The 2004-05 unit rates for the number of notices received from the juvenile court system and distributed to school district personnel is \$39.89 per notice received, and the number of written requests received from parents or guardian to review the record to ensure the record has been destroyed is \$28.36 per letter received.

- *Ch. 498/83, Notification of Truancy (Program No. 48)*

The 2004-05 unit cost reimbursement is \$14.28 per initial truancy notification. The unit cost covers all costs (direct and indirect), including, but not limited to, identifying the truant pupil, preparing and distributing by mail or other methods of notification to parents/guardians, and associated record keeping.

- *Ch. 641/86, Open Meetings Act/Brown Act Reform II (Program No. 218)*

The 2004-05 uniform cost allowance is \$124.64 per meeting. This uniform allowance covers all of the direct and indirect costs incurred in compliance with this mandate.

- *Ch. 668/78, Pupil Exclusions (Program No. 165)*

The 2004-05 unit cost reimbursement is \$0.18 per page for the cost of including specific information in the notice of pupil exclusion to the parents or guardian. The unit cost rate covers all costs (direct and indirect) of performing activities required by subparagraph (2), (3), and (4), of Education Code Section 48213.

- *Ch. 1347/80, Scoliosis Screening (Program No. 58)*

The 2004-05 unit cost rate is \$6.77 per student screened. This rate covers all costs (direct and indirect), incurred including activities for, but not limited to, parent notification, screening, re-screening, referral and follow-up, record keeping, and administration of the program.

- *Ch. 818/91, Aids Prevention Instruction II (Program No. 250)*

The 2004-05 uniform cost allowance is \$0.0700 per notice. This uniform allowance covers all of the direct and indirect costs incurred in compliance with this mandate.

FINAL FILING DEADLINE FOR 2004-05 FISCAL YEAR CLAIMS

The final filing deadline for 2004-05 reimbursement claims is **January 17, 2006**. A late penalty of 10% of the approved claim will be applied to 2004-05 claims filed after January 17, 2006. **Claims filed after January 15, 2007, will not be accepted.**

APPROPRIATIONS FOR THE 2005-06 FISCAL YEAR

Source of State Mandated Cost Appropriations - 2005 State Budget Act (Chapter 38/05)

Schedule	Program	Amount Appropriated
Item 6110-295-0001		
(1) Chapter 36/77	Annual Parent Notification III	\$1,000
(2) Chapter 98/94	Caregiver Affidavits	1,000
(3) Chapter 161/93	Intradistrict Attendance	1,000
(4) Chapter 486/75	Mandate Reimbursement Process	1,000
(5) Chapter 498/83	Graduation Requirements	1,000
(6) Chapter 498/83	Notification of Truancy	1,000
(7) Chapter 498/83	Pupil Suspensions, Expulsions/Expulsion Appeals	1,000
(8) Chapter 641/86	Open Meetings Act/Brown Act Reform	1,000 ¹
(9) Chapter 781/92	Charter Schools	1,000
(10) Chapter 783/95	Investment Reports	0 ²
(11) Chapter 799/80	PERS Death Benefits	1,000 ³
(12) Chapter 818/91	AIDS Prevention Instruction	1,000
(13) Chapter 961/75	Collective Bargaining	1,000
(14) Chapter 1208/76	Pupil Health Screenings	1,000
(15) Chapter 975/95	Physical Performance Tests	1,000
(16) Chapter 1011/84	Juvenile Court Notices II (Ch. 1423, Stats. 1984)	1,000
(17) Chapter 1107/84	Removal of Chemicals	1,000
(18) Chapter 1117/89	Law Enforcement Agency Notifications	1,000
(19) Chapter 1176/77	Immunization Records	1,000
(20) Chapter 1184/75	Habitual Truants	1,000
(21) Chapter 1253/75	Expulsion Transcripts	1,000
(22) Chapter 1306/89	Notification to Teachers of Public Expulsion	1,000
(23) Chapter 1347/80	Scoliosis Screening	1,000
(24) Chapter 1398/74	PERS Unused Sick Leave Credit	1,000 ³
(25) Chapter 1463/89	School Accountability Report Cards	1,000
(26) Chapter 1659/84	Emergency Procedures	1,000
(27) Chapter 309/95	Pupil Residency Verification and Appeals	1,000
(28) Chapter 588/97	Criminal Background Checks	1,000
(29) Chapter 759/92	School Crimes Reporting II	0 ²
(30) Chapter 624/92	School Bus Safety I and II	0 ²
(31) Chapter 465/76	Peace Officers Procedural Bill of Rights	1,000
(32) Chapter 36/77	Financial and Compliance Audits	1,000
(33) Chapter 640/97	Physical Education Reports	1,000
(34) Chapter 1120/96	Health Benefits for Survivors of Peace Officers & Firefighters	1,000
(35) Chapter 917/87	County Office of Education Fiscal Accountability Reporting	1,000
(36) Chapter 100/81	School District Fiscal Accountability Reporting	1,000

¹ The Commission on State Mandates set aside this program as directed by AB 138, Statutes of 2005.

² These programs are suspended for the 2004-05 and 2005-06 fiscal year's budget.

³ Funds appropriated in nos. 11 and 24 are for transfer to the Public Employees' Retirement System for reimbursement of cost incurred pursuant to 799/80 or 1398/74.

APPROPRIATIONS FOR THE 2005-06 FISCAL YEAR

Source of State Mandated Cost Appropriations-2005 State Budget Act (Chapter 38/05) (con't.)

Schedule	Program	Amount Appropriated
Item 6110-295-0001		
(37) Chapter 875/85	Photographic Record of Evidence	1,000
(38) Chapter 126/93	Law Enforcement Sexual Harassment Training	0 ²
(39) Chapter 784/95	County Treasury Oversight Committee	0 ²
(40) Chapter 736/97	Comprehensive School Safety Plans	1,000
(41) Chapter 1249/92	Threats Against Peace Officers	1,000
(42) Chapter 325/78	Immunization Records-Hepatitis B	1,000
(43) Chapter 1192/80	School District Reorganization	1,000
(44) Chapter 34/98	Charter Schools II	1,000
(45) Chapter 594/98	Criminal Background Checks II	1,000
(46) Chapter 1170/96	Grand Jury Proceedings	0 ²
Total Appropriations, Item 6110-295-0001		<u><u>\$40,000</u></u>

² These programs are suspended for the 2004-05 and 2005-06 fiscal year's budget.

REIMBURSABLE STATE MANDATED COST PROGRAMS

Claims for the following State mandated cost programs may be filed with the SCO. For your convenience, the programs are listed in alphabetical order by program name. An "X" indicates the fiscal year for which a claim may be filed.

2004-05 Reimburse- ment Claims	2005-06 Estimated Claims	School Districts and County Offices of Education	
x	x	Ch.	77/78 Absentee Ballots
x	x	Ch.	818/91 AIDS Prevention Instruction II
x	N/A ²	Ch.	778/96 American Government Course Document Requirements
x	x	Ch.	36/77 Annual Parent Notification III
x	x	Ch.	98/94 Caregiver Affidavits
x	x	Ch.	34/98 Charter Schools
x	x	Ch.	917/87 COE Fiscal Accountability Reporting
x	x	Ch.	961/75 Collective Bargaining
x	x	Ch.	736/97 Comprehensive School Safety Plans and Emergency Procedures, Earthquake Procedures and Disasters (Ch. 1659/84)
N/A ¹	N/A ²	Ch.	784/95 County Treasury Oversight Committee
x	x	Ch.	588/97 Criminal Background Checks I
x	x	Ch.	594/98 Criminal Background Checks II
x	x	Ch.	30/98 Differential Pay and Reemployment
x	x	Ch.	650/94 Employee Benefits Disclosure
x	x	Ch.	1253/75 Expulsion Transcripts
x	x	Ch.	36/77 Financial and Compliance Audits
x	x	Ch.	498/83 Graduation Requirements
N/A ¹	N/A ²	Ch.	1170/96 Grand Jury Proceedings
x	x	Ch.	1184/75 Habitual Truant
x	x	Ch.	1120/96 Health Benefits for Survivors of Peace Officers & Firefighters
x	x	Ch.	1176/77 Immunization Records
x	x	Ch.	325/78 Immunization Records: Hepatitis B
N/A ¹	N/A ²	Ch.	172/86 Interdistrict Attendance Permits
N/A ¹	N/A ²	Ch.	172/86 Interdistrict Transfer Requests: Parent's Employment
x	x	Ch.	161/93 Intradistrict Attendance
N/A ¹	N/A ²	Ch.	783/95 Investment Reports
x	x	Ch.	1011/84 Juvenile Court Notices II

¹ These programs are suspended for the 2004-05 fiscal year's budget per Chapter 208/04, Item 6110-295-0001.

² These programs are suspended for the 2005-06 fiscal year's budget per Chapter 38/05, Item 6110-295-0001.

REIMBURSABLE STATE MANDATED COST PROGRAMS (continued)

2004-05 Reimburse- ment Claims	2005-06 Estimated Claims	School Districts and County Offices of Education	
x	x	Ch.	1117/89 Law Enforcement Agency Notification
N/A ¹	N/A ²	Ch.	126/93 Law Enforcement Sexual Harassment Training
x	x	Ch.	486/75 Mandate Reimbursement Process
x	x	Ch.	498/83 Notification of Truancy
x	x	Ch.	1306/89 Notification to Teachers: Pupils Subject to Suspension of Expulsion
x	N/A ³	Ch.	641/86 Open Meetings/Brown Act Reform
x	x	Ch.	1284/88 Parent Classroom Visits
x	x	Ch.	465/76 Peace Officers Procedural Bill of Rights
x	x	Ch.	875/85 Photographic Record of Evidence
x	x	Ch.	640/97 Physical Education Reports
x	x	Ch.	975/95 Physical Performance Tests
x	x	Ch.	965/77 Pupil Classroom Suspension: Counseling
x	x	Ch.	668/78 Pupil Exclusions
x	x	Ch.	965/77 Pupil Health Screenings
x	x	Ch.	100/81 Pupil Promotion and Retention
x	x	Ch.	309/95 Pupil Residency Verification and Appeals
x	x	Ch.	1253/75 Pupil Suspensions, Expulsions, and Expulsion Appeals
x	x	Ch.	1107/84 Removal of Chemicals
x	x	Ch.	1463/89 School Accountability Report Cards
N/A ¹	N/A ²	Ch.	624/92 School Bus Safety I & II
N/A ¹	N/A ²	Ch.	759/92 School Crimes Reporting II (Ch. 410, Stats. 1995)
x	x	Ch.	100/81 School District Fiscal Accountability Reporting
x	x	Ch.	1192/80 School District Reorganization
x	x	Ch.	1347/80 Scoliosis Screening
x	N/A ⁴	Ch.	828/97 Standardized Testing & Reporting
x	x	Ch.	331/98 Teacher Incentive Program
x	x	Ch.	1249/92 Threats Against Peace Officers

¹ These programs are suspended for the 2004-05 fiscal year's budget per Chapter 208/04, Item 6110-295-0001.

² These programs are suspended for the 2005-06 fiscal year's budget per Chapter 38/05, Item 6110-295-0001.

³ Commission on State Mandates set aside this program as directed by AB 138, Statutes of 2005.

⁴ Commission on State Mandates was directed to reconsider this program and new Parameters and Guidelines will be forthcoming.

PROGRAMS SUSPENDED FOR THE 2005-06 FISCAL YEAR

Pursuant to GC §17581.5, the following education state mandated programs are identified in the 2005 State Budget Act, with a \$0 appropriation by the Legislature. Therefore, the following state mandated programs have been suspended for the 2005-06 fiscal year, and no claim for fiscal year 2005-06 shall be filed.

Chapter	784/95	County Treasury Oversight Committee
Chapter	1170/96	Grand Jury Proceedings
Chapter	783/95	Investment Reports
Chapter	126/93	Law Enforcement Sexual Harassment Training
Chapter	624/92	School Bus Safety I & II
Chapter	759/92	School Crimes Reporting II (Ch. 410, Stats. 1995)

The following education state mandated programs have been determined to be optional, repealed, or overturned by the court.

Chapter	172/86	Interdistrict Attendance Permits
Chapter	172/86	Interdistrict Transfer Requests: Parent's Employment
Chapter	160/93	School District of Choice: Transfers and Appeals
Chapter	1138/93	Schoolsite Councils and Brown Act Reform
Chapter	87/86	Schoolsite Discipline Rules

Commission on State Mandates set aside Parameters and Guidelines for the following programs:

Chapter	778/96	American Government Course Documentation Requirements
Chapter	641/86	Open Meetings/Brown Act Reform

AUDIT OF COSTS

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and that the claim was prepared in accordance with the SCO's claiming instructions and the Commission on State Mandate's Parameters and Guidelines (P's and G's). If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC §17558.5, subdivision (a), a reimbursement claim for actual costs filed by a school district is subject to audit by the State Controller no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and shall be made available to the SCO on request.

SOURCE DOCUMENTS

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification stating: "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

RETENTION OF CLAIMING INSTRUCTIONS

For your convenience, the revised claiming instructions in this package have been arranged in alphabetical order by program name. These revisions should be inserted in the School Mandated Cost Manual to replace the old forms. The instructions should then be retained permanently for future reference, and the forms should be duplicated to meet your filing requirements. Annually, updated forms and any other information or instructions claimants may need to file claims, as well as instructions and forms for all new programs released throughout the year will be placed on the SCO's Web site at **www.sco.ca.gov/ard/local/locreim/index.shtml**.

If you have any questions concerning mandated cost reimbursements, please write to us at the address listed for filing claims, send e-mail to **LRSDAR@sco.ca.gov**, or call the Local Reimbursements Section at (916) 324-5729.

Program 221		MANDATED COSTS ANNUAL PARENT NOTIFICATION III CLAIM SUMMARY			FORM APN-1
(01) Claimant		(02) Type of Claim		Fiscal Year	
		Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>		20___/20___	
(03) Uniform Cost Allowance	(a) Reimbursement Rate Per Page/Set	(b) Specified Number of Pages	(c) Sets Distributed ADE or ADA	(d) Total	
(1) Cost Using Per Page Formula				(a) x (b) x (c)	
(2) Cost Using Per Set Formula				(a) x (c)	
(04) Total Cost					
Cost Reduction					
(05) Less: Offsetting Savings					
(06) Less: Other Reimbursements					
(07) Total Claimed Amount				Line (04)(d) – {(Line (05) + Line (06))}	

Program 221	ANNUAL PARENT NOTIFICATION III CLAIM SUMMARY INSTRUCTIONS	FORM APN-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form APN-1 must be filed for a reimbursement claim. Do not complete form APN-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27C, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form APN-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (A) (a) Enter the unit rate per page for reimbursement of the cost of the annual parent notification/application from the following rates: \$0.0697 for 2004-05, and \$0.0721 for 2005-06 (estimated).
- (b) Enter the total specified number of pages from the table below based on the applicable district population.
- (c) Enter the number of sets of notifications distributed, the actual district enrollment (ADE) at the time of distribution, or the district's annual average daily attendance (ADA).
- (d) Enter the product of column (a) times (b) times (c).
- (03) (B) (a) Enter the rate per notice for the applicable fiscal year: \$0.2772 for 2004-05, and \$0.2868 for 2005-06 (estimated).
- (b) Enter the number of sets of notifications distributed, the actual district enrollment (ADE) at the time of distribution, or the district's annual average daily attendance (ADA).
- (c) Enter the product of column (a) times (c).

Schedule of Pages Allowed Under Uniform Cost Allowance

Education Code	\$48980(e)	\$48980(l)	\$48980(m)	\$49063(k)	1999-2000	2000-2001 & Following
1999-00	0.50	1.50	N/A			
2000-2001 & Following	0.50	1.50	0.50	0.50		
District Population					Total Specified Number of Pages	Total Specified Number of Pages
0 - 500					10.25	10.75
501-2,500					12.25	12.75
2,501-25,000					15.25	15.75
25,001 +					18.25	18.75

- (04) Enter the sum of columns (03)(A)(d) plus (03)(B)(d).
- (05) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (06) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (07) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (05), and Other Reimbursements, line (06), from Total Cost, line (04)(d). Enter the remainder on this line and carry the amount forward to form FAM-27C, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 221	MANDATED COSTS ANNUAL PARENT NOTIFICATION III CLAIM SUMMARY				FORM APN-1C
(01) Claimant			(02) Type of Claim		Fiscal Year
			Reimbursement <input type="checkbox"/>		
			Estimated <input type="checkbox"/>		20___/20___
(03) Uniform Cost Allowance					
	(a)	(b)	(c)	(d)	
	Reimbursement Rate Per Page \$0.0697 for 04-05 \$0.0721 for 05-06	Specified Number of Pages	Sets Distributed, ADE, or ADA	Total (a) x (b) x (c)	
(04) Total Cost					
Cost Reduction					
(05) Less: Offsetting Savings					
(06) Less: Other Reimbursements					
(07) Total Claimed Amount					Line (04)(d) – {Line (05) + Line (06)}

Program 221	ANNUAL PARENT NOTIFICATION III CLAIM SUMMARY INSTRUCTIONS	FORM APN-1C
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
 Form APN-1C must be filed for a reimbursement claim. Do not complete form APN-1C if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27C, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form APN-1C must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Enter the unit rate per page for reimbursement of the cost of the annual parent notification/application from the following rates: \$0.0697 for 2004-05, and \$0.0721 for 2005-06 (estimated).
- (b) Enter the total specified number of pages from the table below based on the applicable district population less the number of pages that the district was not in full compliance with a given program (see below for a list of program names). For example, if a district with a population of less than 500 students is in full compliance with all of the programs except that it fails to furnish a notification relating to transfers based on parent employment, it may not claim that portion of the page count for reimbursement. The total specified number of pages claimable by the district would be calculated as follows: [Column H - Column B] or $[10.75 - 2.75] = 8$.

CSM # & \$ District Population	A 4453 \$ 48980 J	B 4461 \$ 48980 (a),(b),(h)	C 4462 \$ 35291	D 4474 \$ 48900.1	E 4488 \$ 58501	F 97-TC-24 \$48980 (c), (l)		G 99-TC-09 00-TC-12 \$ 48980 (e), (l), (m) \$ 49063 (k)		H Total Specified Number of Pages
						(c)	(i)	(e),(m), (k)	(l) comb.	
0 - 500	1	2.75	2.75	0.25	0.25	1.50	2.00	0.50	1.50	10.75
501-2,500	3	2.75	2.75	0.25	0.25	1.50	2.00	0.50	1.50	12.75
2,501-25,000	6	2.75	2.75	0.25	0.25	1.50	2.00	0.50	1.50	15.75
25,001 +	9	2.75	2.7 5	0.25	0.25	1.50	2.00	0.50	1.50	18.75

Column Program Name

- A Notification to Parents: Pupil Attendance Alternatives
- B Annual Parent Notification
- C Schoolsite Discipline Rules
- D Pupil Suspensions: Parent Classroom Visits
- E Alternative Schools Annual Notification
- F Annual Parent Notification - Staff Development
- G Annual Parent Notification: 1998-2000 Statutes

- (c) Enter the number of sets of notifications distributed, the actual district enrollment (ADE) at the time of distribution, or the district's annual average daily attendance (ADA).
- (d) Leave blank.
- (04) Enter the product of column (a) times (b) times (c).
- (05) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (06) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (07) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (05), and Other Reimbursements, line (06), from Total Cost, line (04)(d). Enter the remainder on this line and carry the amount forward to form FAM-27C, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 011	MANDATED COSTS COLLECTIVE BARGAINING CLAIM SUMMARY				FORM CB-1
(01) Claimant			(02) Type of Claim		Fiscal Year
			Reimbursement <input type="checkbox"/>		
			Estimated <input type="checkbox"/>		20__/20__
Rodda Act Direct Costs		Cost Elements			
(03) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Travel	(d) Contract Services	(e) Total
1. Determining Bargaining Units and Exclusive Representation					
2. Election of Unit Representation					
3. Cost of Negotiations					
4. Impasse Proceedings					
5. Collective Bargaining Agreement Disclosure					
6. Contract Administration					
7. Unfair Labor Practice Charges					
(04) Total Rodda Act Direct Costs					
Winton Act Direct Costs					
(05) Base Year, 1974-75 Direct Costs					
(06) Base Year Direct Costs Adjusted by IPD			[Line (05)(e) x 3.564 for 2004-05 F.Y.]		
(07) Increased Direct Costs			[Line (04)(e) – line (06)]		
Indirect Costs					
(08) Total Rodda Act Direct Costs less Contract Services			[Line (04)(e) – line (04)(d)]		
(09) Base Year Costs less Contract Services adjusted by IPD			[{Line (05)(e) - line (05)(d)} x 3.564]		
(10) Increased Direct Costs less Contract Services			[Line (08) - line (09)]		
(11) Indirect Cost Rate			From J-380 or J-580		%
(12) Increased Indirect Costs			[Line (10) x line (11)]		
(13) Total Increased Direct and Indirect Costs			[Line (07) + line (12)]		
Cost Reduction					
(14) Less: Offsetting Savings					
(15) Less: Other Reimbursements					
(16) Total Claimed Amount			[Line (13) – {line (14) + line (15)}]		

Program 011	COLLECTIVE BARGAINING CLAIM SUMMARY Instructions	FORM CB-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- Form CB-1 must be filed for a reimbursement claim. Do not complete form CB-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form CB-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) For each of the reimbursable components, enter the total allowable cost from form CB-2, line (05), columns (d) through (g) onto form CB-1, block (03), lines (1) through (7), columns (a) through (d). Total each line and enter in column (e).
- (04) Add columns (03)(d) and (e) for Cost Elements, and enter the totals on this line.
- (05) Method A. Enter the 1974-75 Winton Act (base year) costs on line (05)(e). Enter on line (05)(d) any contract service costs included in line (05)(e).
- Method B. Enter the amount from form CB-1.1, line (04)(b) onto line (05)(e). Enter on line (05)(d) any contract service costs included in line (05)(e).
- (06) Method A. Multiply the base year cost on line (05)(e) by the implicit price deflator (IPD). The 2004-05 IPD is 3.564.
- Method B. Enter the amount from form CB-1.1, line (04)(d).
- (07) Subtract the Base Year Direct Costs Adjusted by the IPD, line (06), from Total Rodda Act Direct Cost, line (04)(e).
- (08) Subtract Total Contract Services, line (04)(d), from Total Rodda Act Direct Costs, line (04)(e).
- (09) Subtract Base Year Contract Services, line (05)(d), from Base Year, 1974-75 Direct Costs, line (05)(e), and multiply the remainder by the IPD.
- (10) Subtract Base Year Costs less Contract Services adjusted by the IPD, line (09), from Total Rodda Act Direct Costs less Contract Services, line (08).
- (11) Enter the indirect cost rate. School districts (K-12) may compute the amount of indirect costs to claim by multiplying their total direct costs by the State Department of Education forms J-380 or J-580 rate applicable to the fiscal year of costs.
- (12) Multiply Increased Direct Costs less Contract Services, line (10), by the Indirect Cost Rate, line (11).
- (13) Enter the sum of Incremental Costs, line (07), and Incremental Indirect Costs, line (12).
- (14) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (15) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (16) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (14), and Other Reimbursements, line (15), from Total Direct and Indirect Costs, line (13). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

Program 026	MANDATED COSTS GRADUATION REQUIREMENTS COMPONENT/ACTIVITY COST DETAIL	FORM GR-2
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(01) Claimant	(02) Fiscal Year Costs Were Incurred
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(03) Reimbursable Component: Check only **one** box per form to identify the component being claimed.

☐ Acquisition Cost
 ☐ Remodeling Cost

☐ Staffing and Supplies

(04) Description of Expenses: Complete columns (a) through (g). **Object Accounts**

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Capital Outlays
(05) Total <input type="text"/> Subtotal <input type="text"/> Page: ____ of ____						

Program 026	GRADUATION REQUIREMENTS COMPONENT/ACTIVITY COST DETAIL Instructions	FORM GR-2
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year in which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form GR-2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and capital outlays needed to acquire space and equipment. Contract Services are reimbursable to the extent that activities performed require special skills or knowledge that are not readily available from the claimant's staff. The maximum reimbursable fee for contract services is \$122.06 for the 2004-05 fiscal year. If a piece of equipment acquired for the Graduation Requirement program is also utilized for other programs, only a prorated cost of the equipment is reimbursable. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns							Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked				
Benefits	Title Activities	Benefit Rate		Benefits = Benefit Rate x Salaries				
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used			
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost = Hourly Rate x Hours Worked or Total Contract		Copy of Contract and Invoices
Capital Outlays	Description of Equipment Purchased Equipment ID	Unit Cost	Quantity Used				Cost = Unit Cost x Quantity Used	Invoices

- (05) Total line (04), columns (d), (e), (f), (g), and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component costs, number each page. Enter totals from line (05), columns (d), (e), (f), and (g) to form GR-1, block (04), columns (a), (b), (c), (d) and (e) in the appropriate row.

Program 032	MANDATED COSTS IMMUNIZATION RECORDS CLAIM SUMMARY			FORM IR-1
(01) Claimant		(02) Type of Claim		Fiscal Year
		Reimbursement <input type="checkbox"/>		
		Estimated <input type="checkbox"/>		20___/20___
Claim Statistics				
(03) Number of new entrants for each school in the district				
(a)	(b)	(c)	(d)	
Name of School	Kindergarten Entrants	Out-of-State Transfers	Total	
(04) Total New Entrants				
(05) New Entrant Reimbursement Rate				
[\$5.65 for 2004-05 actual]				
(06) Total Costs				
[Line (04)(d) x line (05)]				
Cost Reduction				
(07) Less: Offsetting Savings, if applicable				
(08) Less: Other Reimbursements, if applicable				
(09) Total Claimed Amount				
[Line (06) – {line (07) + line (08)}]				

Program 032	IMMUNIZATION RECORDS CLAIM SUMMARY Instructions	FORM IR-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or ate to be incurred.
- Form IR-1 must filed for a reimbursement claim. Do not complete form IR-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form IR-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Number of new entrants for each school in the district. List in column (a) name of the school, in column (b) enter the number of kindergarten entrants, and in column (c) enter the number of out-of-state transfers. Total each row.
- (04) Total New Entrants. Add columns (b), (c) and (d).
- (05) New Entrant Reimbursement Rate. Enter the specified unit rate for the fiscal year of the claim.
- (06) Total Costs. Enter the product of multiplying Total New Entrants, line (04)(d), times the appropriate New Entrant Reimbursement Rate, line (05).
- (07) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (08) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.) which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (09) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Costs, line (05). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 230	MANDATED COSTS IMMUNIZATION RECORDS: HEPATITIS B CLAIM SUMMARY			FORM IRHB-1
(01) Claimant		(02) Type of Claim		Fiscal Year
		Reimbursement <input type="checkbox"/>		
		Estimated <input type="checkbox"/>		___/___
Claim Statistics				
(03) Number of new entrants for each school in the district				
(a)	(b)	(c)	(d)	
Name of School	Kindergarten Entrants	Out-of-State Transfers	Total	
(04) Total New Entrants				
(05) New Entrant Reimbursement Rate				[See table for actual and estimated rates]
(06) Total Cost				[Line (04)(d) x line (05)]
Cost Reduction				
(07) Less: Offsetting Savings, if applicable				
(08) Less: Other Reimbursements, if applicable				
(09) Total Claimed Amount				[Line (06) – {line (07) + line (08)}]

Program 230	IMMUNIZATION RECORDS: HEPATITIS B CLAIM SUMMARY Instructions	FORM IRHB-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.

Form IRHB-1 must be filed for a reimbursement claim. Do not complete form IRHB-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form IRHB-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

- (03) Number of new entrants for each school in the district. List in column (a) each school in the district, in column (b) enter the number of kindergarten entrants, and in column (c) enter the number of out-of-state transfers.
- (04) Add columns (b) and (c) and enter the total in column (d).
- (05) Enter the specified unit rate for the fiscal year of claim as follows:

Fiscal Year	New Entrants	7th Grade
2004-05	7.08	3.71
2005-06 (Est.)	7.32	3.84

- (06) Enter the product of multiplying Total New Entrants, line (04)(d), times the appropriate New Entrant Reimbursement Rate, line (05).
- (07) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (08) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.), which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (09) Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Costs, line (05). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 155	MANDATED COSTS JUVENILE COURT NOTICES II CLAIM SUMMARY	FORM JCN-1		
(01) Claimant	(02) Type of Claim Fiscal Year Reimbursement <input style="width: 50px;" type="text"/> Estimated <input style="width: 50px;" type="text"/> 20__/20__			
Claim Statistics				
(03) (a) Average daily attendance (ADA) for the fiscal year				
(b) Number of juvenile court notices received during the fiscal year				
(c) Number of written requests received for destruction inquiry during fiscal year of claim				
Unit Cost Method – Reimbursable Activities A, B, and C				
(04) Cost of (03)(b)	[Line (03)(b) x \$39.89]			
(05) Cost of (03)(c)	[Line (03)(c) x \$28.36]			
(06) Total Costs	[Line (04) + line (05)]			
Actual Cost Method – Reimbursable Activity D				
Direct Costs	Object Accounts			
(07) Reimbursable Components	(a)	(b)	(c)	(d)
	Salaries and Benefits	Materials and Supplies	Contract Services	Total
Directory of Schools				
(08) Total Direct Costs				
Indirect Costs				
(09) Indirect Cost Rate	[From J-380 or J-580]			%
(10) Total Indirect Costs	[Line (09) x line (08)(a)]			
(11) Total Direct and Indirect Costs	[Line (06) + line (08)(d) + line (10)]			
Cost Reduction				
(12) Less: Offsetting Savings				
(13) Less: Other Reimbursements				
(14) Total Claimed Amount	[Line (11) – {line (12) + line (13)}]			

Program 155	JUVENILE COURT NOTICES II CLAIM SUMMARY Instructions	FORM JCN-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form JCN-1 must be filed for a reimbursement claim. Do not complete form JCN-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form JCN-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Average daily attendance (ADA) for the fiscal year of claim.
 (b) Number of juvenile court notices received during the fiscal year.
 (c) Number of written requests that were received during the fiscal year of claim regarding destruction inquiry.
- (04) Enter the product of the number of juvenile court notices received, line (03)(b), times the unit cost allowance per court notice of \$39.89 for 2004-05.
- (05) Enter the product of the number of written requests received from parents or guardians to review the records times the unit cost allowance per inquiry of \$28.36 for 2004-05.
- (06) Enter the total costs by adding lines (04) and (05).
- (07) Reimbursable Activities. For the reimbursable component, enter the totals from form JCN-2 line (05), columns (d), (e), and (f) to form JCN-1, block (07), columns (a), (b), and (c).
- (08) Total Direct Costs. Total columns (a) through (c).
- (09) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of the costs.
- (10) Total Indirect Costs. Enter the result of multiplying the Total Salaries and Benefits, line (08)(a) by the Indirect Cost Rate, line (09).
- (11) Total Direct and Indirect Costs. Enter the sum of Total Costs, line (06), Total Direct Costs, line (08), and Total Indirect Costs, line (10).
- (12) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (13) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (14) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (12), and Other Reimbursements, line (13), from Total Direct and Indirect Costs, line (11). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 048		MANDATED COSTS NOTIFICATION OF TRUANCY CLAIM SUMMARY		FORM NOT-1	
(01) Claimant			(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>		Fiscal Year 20____/20____
Claim Statistics					
(03) Number of truant notifications					
Cost					
(04) Unit Cost per an initial truancy notification					[\$14.28 for the 2004-05 fiscal year]
(05) Total Costs					[Line (03) x line (04)]
Cost Reduction					
(06) Less: Offsetting Savings					
(07) Less: Other Reimbursements					
(08) Total Claimed Amount					[Line (05) – {line (06) + line (07)}]

Program 048	NOTIFICATION OF TRUANCY CLAIM SUMMARY Instructions	FORM NOT-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form NOT-1 must be filed for a reimbursement claim. Do not complete form NOT-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form NOT-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Number of truant notifications. Enter the number of initial notifications sent upon the student's fourth unexcused absence to inform the parent or guardian of their child's absence from school without a valid excuse or is tardy in excess of thirty (30) minutes for more than three days in one school year.
- (04) Unit cost rate for the 2004-05 fiscal year is \$14.28 per initial notification. This cost rate will be updated yearly and listed in the annual updates to claiming instructions mailed to school districts in September.
- (05) Total Costs. Multiply line (03) by the unit cost rate, line (04).
- (06) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (07) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.), which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (08) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Costs, line (05). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 218	MANDATED COSTS OPEN MEETINGS ACT/BROWN ACT REFORM II (SCHOOL DISTRICTS) COMPONENT/ACTIVITY COST DETAIL			FORM BAR-2F
(01) Claimant		(02) Fiscal Year		
(03) Flat-Rate Reimbursement Option: Complete columns (a) through (d).				
(a) Meeting Type or Name	(b) Uniform Cost Allowance <small>\$124.64 for 04-05</small>	(c) Number of Agendas	(d) Total (b) x (c)	
(04) Total <input style="width: 50px;" type="text"/> Subtotal <input style="width: 50px;" type="text"/> Page: ____ of ____				

Program 218	OPEN MEETINGS ACT/BROWN ACT REFORM II (SCHOOL DISTRICTS) COMPONENT/ACTIVITY COST DETAIL Instructions	FORM BAR-2F
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Complete form BAR-2F when calculating agenda costs using the Flat-Rate Option.

Please note that all meetings of the same type or name in a given fiscal year may be claimed using only one basis.

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year in which costs were incurred.
- (03) Flat-Rate Reimbursement Option.
- (a) Meeting Type or Name. Enter the type or name of the meeting. Only one entry per meeting type or name is needed.
- (b) Uniform Cost Allowance. Enter the uniform cost allowance for the fiscal year of the claim.

Fiscal Year	Uniform Cost Allowance
2004-05 f/	\$124.64

f/ May Revision Forecast, April 2005

Source: US Department of Commerce, Bureau of Economic Analysis

Updated: April 28, 2005

- (c) Number of Agendas. Enter the number of agendas that were prepared for each meeting type or name listed in column (a).
- (d) Total. Multiply the Uniform Cost Allowance, column (b), by the Number of Agendas, column (c).

For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office upon request.

- (04) Total line (03), column (d), and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Carry forward the totals from line (04), column (d) to form BAR-1, line (09).

Program 165	MANDATED COSTS PUPIL EXCLUSIONS COMPONENT/ACTIVITY COST DETAIL			FORM PE-2.1				
(01) Claimant		(02) Fiscal Year						
(03) Leave blank.								
(04) Calculation of Exclusion Notice Costs								
(a)	(b)	(c)	(d)					
Unit Rate Per Page	Number of Pages in the Standard Text	Number of Pupils Excluded Per H & S Code § 120230 or Education Code 49451	Total Cost (a) x (b) x (c)					
<p>Instructions</p> <p>(01) Enter the name of the claimant.</p> <p>(02) Enter the fiscal year of the costs incurred.</p> <p>(03) Leave blank.</p> <p>(04) Calculation of exclusion notice costs:</p> <div style="margin-left: 40px;"> <p>(a) Enter the unit rate per page for reimbursement of cost of the pupil exclusion notice from the rates listed below.</p> <table style="margin-left: 80px; border: none;"> <tr> <td style="text-align: center;">Fiscal Years</td> <td style="text-align: center;">Unit Rate Per Page</td> </tr> <tr> <td style="text-align: center;">2004-05</td> <td style="text-align: center;">0.18</td> </tr> </table> </div> <p>(b) Enter the number of pages in the standard text.</p> <p>(c) Enter the number of pupils that were excluded per Health and Safety Code Section 120230 or Education Code 49451.</p> <p>(d) Enter the result of multiplying column (a) by the product of column (b) and column (c). Carry this total forward to line (08) of form PE-1.</p>					Fiscal Years	Unit Rate Per Page	2004-05	0.18
Fiscal Years	Unit Rate Per Page							
2004-05	0.18							

Program 058	MANDATED COSTS SCOLIOSIS SCREENING CLAIM SUMMARY				FORM SS-1
(01) Claimant		(02) Type of Claim Reimbursement <input style="width: 40px;" type="text"/> Estimated <input style="width: 40px;" type="text"/>			Fiscal Year 20__/20__
Claim Statistics					
(03) (a) Number of students screened					
(b) Number of students rescreened					
(c) Number of students referred to medical care					
Unit Cost Method					
(04) Total Costs [Line (03)(a) x \$6.77 per student for 2004-05 F.Y.]					
Actual Cost Method					
Direct Costs		Object Accounts			
(05) Reimbursable Components		(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contract Services	(d) Total
1. Parental Notification					
2. Examination of Students					
3. Rescreening and Referral					
(06) Total Direct Costs					
Indirect Costs					
(07) Indirect Cost Rate [From J-380 or J-580]					%
(08) Total Indirect Costs [Line (06)(a) x line (07)]					
(09) Total Direct and Indirect Costs [Line (06)(d) + line (08)]					
Cost Reduction					
(10) Less: Offsetting Savings					
(11) Less: Other Reimbursements					
(12) Total Claimed Amount [Line (04) or line (09) – {line (10) + line (11)}]					

Program 058	SCOLIOSIS SCREENING CLAIM SUMMARY Instructions	FORM SS-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- From SS-1 must be filed for a reimbursement claim. Do not complete form SS-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form SS-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Number of students screened. Enter the number of students, seventh grade females and eighth grade males.
- (b) Number of students rescreened. Enter the number of students who are questionable after the first screening and are screened again at a later date by someone other than the original screener. Only claimants who select the Actual Cost Method of reimbursement must provide data on the number of students rescreened.
- (c) Number of students referred to medical care. Enter the number of students who have positive indication of scoliosis and are referred to medical care. Only the claimants who select the Actual Cost Method of reimbursement must provide data on the number of students referred to medical care.
- (04) Total Costs. If you are using the Unit Cost Method, multiply line (03)(a) by the rate of the reimbursable unit cost per student for the 2004-05 fiscal year. Do not complete line (05) through (09). Proceed directly to line (10) and complete through line (12).
- (05) Reimbursable Components. If you are using the Actual Cost Method, enter the cost related to each reimbursable component from form SS-2, line (05), columns (d), (e), and (f). Total each row.
- Do not complete line (04) if you are using the Actual Cost Method of reimbursement.
- (06) Total Direct Costs. Total block (05), columns (a), (b), (c), and (d).
- (07) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of claim.
- (08) Indirect Costs. Enter the result of multiplying Total Direct Costs, line (06)(a), by the Indirect Cost Rate, line (07).
- (09) Total Costs. Enter the sum of line (06)(d) and line (08).
- (10) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (11) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds, etc.), which reimbursed any portion of the mandated cost program. Submit a detailed schedule of the reimbursement sources and amounts.
- (12) Total Claimed Amount. If the Unit Cost Method is used, subtract the sum of Offsetting Savings, line (10), and Other Reimbursements, line (11), from Total Costs, line (04). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 250	MANDATED COSTS AIDS PREVENTION INSTRUCTION II FISCAL YEARS 2003-04 AND SUBSEQUENT YEARS CLAIMSUMMARY			FORM API-1B
	(01) Claimant		(02) Type of Claim Fiscal Year	
			Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/> ____ / ____	
	Claim Statistics			
(03) Leave blank.				
Direct Costs		Object Accounts		
(04) Reimbursable Activities		(a) Number of Notices	(b) Number of Notices	(c) Total (a) x (b)
B. Notification				
1.	Annual Parent Notification			
a.	Written Notices to Parents or Guardians of AIDS Instruction		\$0.0700	
2.	Parent Notification of Guest Speaker and/or Assembly on API			
a.	Written Notification to Parents or Guardians of AIDS Instructions Activities		\$0.0700	
b.	Notification of Beginning of School Year of Instruction Schedule		\$0.0700	
(05) Total Costs				
(06) Total from API-1A				
(07) Total Direct and Indirect Costs (API-1A + API-1B)				
Cost Reduction				
(08) Less: Offsetting Savings				
(09) Less: Other Reimbursements				
(10) Total Claimed Amount [Line (08) - {line (09) + line (10)}]				

Program 250	AIDS PREVENTION INSTRUCTION II FISCAL YEARS 2003-04 AND SUBSEQUENT YEARS CLAIM SUMMARY INSTRUCTIONS	FORM API-1B
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- (01) Enter the name of the claimant.
- (02) Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form API-1B must be filed for a reimbursement claim. Do not complete form API-1B if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form API-1B must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Leave blank.
- (04) For each reimbursable activity, enter the number of notices in column (a). The unit cost allowance for 2004-05 is \$0.0700. This will be adjusted each subsequent year by the Implicit Price Deflator. Enter the product of column (a) times column (b) in column (c).
- (05) Total column (c).
- (06) Enter the total from form API-1A, line (11).
- (07) Enter the sum of line (05) plus line (06).
- (08) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (09) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, (e.g. Instructional Materials Fund) that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (10) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.